

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

TIER 3 PERSONAL FINANCIAL DISCLOSURE STATEMENT(ANNUAL)**This Report Covers Calendar Year:** 2018☒ ORIGINAL REPORT☐ AMENDED REPORT☐ FINAL REPORT WHERE TERM ENDS IN JANUARY (COVERING JANUARY 1 THROUGH JANUARY)

Final reports must be filed on or before May 15 of the year in which your service to that office ends.

Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

Office/Position Held: Board Member, Einstein Charter GroupName (print full name): Durrell LaubertMailing Address: 3440 Peoples Ave.City, State, Zip: New Orleans, LA 70122Name of Spouse(if applicable) (print full name): N/A

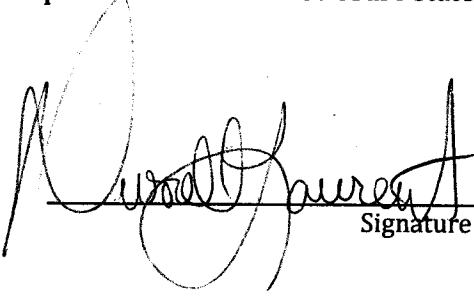
Spouse's Occupation _____

Principal Business Address: _____

City, State, Zip: _____

Check all that apply:☐ I have filed my federal income tax return for the previous year.☒ I have filed for an extension of my federal income tax return for the previous year.☐ I have filed my state income tax return for the previous year.☒ I have filed for an extension of my state income tax return for the previous year.**NOTE: La. R.S. 42:1124.3 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.****Certification of Accuracy**

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.


Signature of FilerETHICS BOARD REC'D
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LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule A: Employment Information**☐ Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: <u>Ebel Claim Service</u>
Job Title: <u>Claims Adjuster</u>
Job Description: <u>Adjust Insurance Claims</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____
Job Title: _____
Job Description: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____
Job Title: _____
Job Description: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____
Job Title: _____
Job Description: _____

- You are required to disclose employment information related to both you and your spouse (if applicable).
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

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**Schedule B: Filer/Spouse Income from the State,
Political Subdivisions, and/or Gaming Interests**☒ Check if not applicable

(Income which exceeded \$250 from each source)

☐ Filer ☐ SpouseType of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ SpouseType of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ SpouseType of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE B if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*The definition for (and examples of) political subdivision, gaming interest, and business are found in the *Instructions Section* of this form.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule C: Income from Gaming Interests to Business**☒ Check if not applicable

(income which exceeded \$250 from each source)

<input type="checkbox"/> Business	Name of business: _____
Name of Income Source: _____	
Address: _____	
City, State, Zip: _____	
Amount of Income (exact dollar amount): \$ _____	
<input type="checkbox"/> Business	Name of business: _____
Name of Income Source: _____	
Address: _____	
City, State, Zip: _____	
Amount of Income (exact dollar amount): \$ _____	
<input type="checkbox"/> Business	Name of business: _____
Name of Income Source: _____	
Address: _____	
City, State, Zip: _____	
Amount of Income (exact dollar amount): \$ _____	
<input type="checkbox"/> Business	Name of business: _____
Name of Income Source: _____	
Address: _____	
City, State, Zip: _____	
Amount of Income (exact dollar amount): \$ _____	

* You are required to complete SCHEDULE C if a business in which you or your spouse (either individually or collectively) owned at least 10% received income from a gaming interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* The definition for gaming interest and business are found in the *Instructions Section* of this form.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
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and State/Political Subdivision**☒ Check if not applicable

<input type="radio"/> Business	Name of business: _____
Amount or Value of Contract _____	
Duration of Contract: _____	
Description of goods or service provided: _____	
<input type="radio"/> Business	Name of business: _____
Amount or Value of Contract _____	
Duration of Contract: _____	
Description of goods or service provided: _____	
<input type="radio"/> Business	Name of business: _____
Amount or Value of Contract _____	
Duration of Contract: _____	
Description of goods or service provided: _____	
<input type="radio"/> Business	Name of business: _____
Amount or Value of Contract _____	
Duration of Contract: _____	
Description of goods or service provided: _____	
<input type="radio"/> Business	Name of business: _____
Amount or Value of Contract _____	
Duration of Contract: _____	
Description of goods or service provided: _____	

- You are required to complete Schedule D if a business, in which you or your spouse (either individually or collectively) owns at least 10%, enters into a contract in the previous year with the state or political subdivision.
- The definition for business and political subdivision are found in the *Instructions Section* of this form.